

**BROOKSIDE
MONOGRAPH NO. 2**

**THE
ALCOHOL
LANGUAGE**

**With a Selected
Vocabulary**

**Mark Keller
John R. Seeley**

**ALCOHOLISM
RESEARCH
FOUNDATION**

**UNIVERSITY OF
PRESS**

HV
5017
.K4
1958
c.2

EDUCATION DEPARTMENT

ALCOHOLISM & DRUG ADDICTION RESEARCH FOUNDATION
EDUCATION DIVISION - 3rd FLOOR
344 BLOOR ST. WEST, TORONTO 4, ONT.

K. 315
KS

EDUCATION DEPARTMENT

BROOKSIDE

MONOGRAPH NO. 2

**THE
ALCOHOL
LANGUAGE**

**With a Selected
Vocabulary**

**Mark Keller
John R. Seeley**


**UNIVERSITY OF
TORONTO PRESS**

**ALCOHOLISM
RESEARCH FOUNDATION**

*Copyright, Canada, 1958, by
University of Toronto Press
Printed in Canada
Reprinted, 1963*

Contents

Introduction	5
1 The Language of Alcohol Problems	7
2 A Selected Vocabulary	17
3 The Problems of Alcohol Language: Reform <i>and</i> Revolution?	24



Digitized by the Internet Archive
in 2017 with funding from
Substance Abuse Librarians and Information Specialists (SALIS)

Introduction

ALL who work in the field of alcohol and connected problems soon realize that one serious obstacle to the growth of a structure of knowledge is the lack of a commonly accepted terminology. The discordant state of the "language" in the field impedes (and sometimes prevents) efficient communication among scientists and thereby imposes severe handicaps to mutual understanding and the development of good research. For example, the fundamental term "alcoholism" is used by various writers to apply to widely different phenomena. In some communications it applies to a specific, but sometimes unspecified, condition or problem; in others it is used as a collective term for a "family of problems" related to alcohol. In addition, the fact that a number of established disciplines contribute to research in this field compounds the complexities.

In spite of the confusion and complexities, however, a structure of knowledge is growing, although in some respects it resembles the Tower of Babel because the architects and workers speak many tongues. At least two trails may be blazed through the "terminological jungle." The one proposed by Keller points to the indifferent results of past efforts at reform and concludes that there is "little likelihood that advantage will be gained from an 'authoritative' lexicon in which ideal definitions of words or terms are provided." Instead, a lexicon should be developed in which a collection of definitions is found, and each term is listed with its variety of meanings as used in the literature. It is assumed that such a guide would force on the attention of writers the problems raised by varied and contradictory uses of the same terms. Increased discrimination in the selection of terms may be expected to develop, and writers will feel the need to clarify their own use of terms which have multiple or shaded meaning. Thus reform will come by gradual evolution.

While recognizing the usefulness of such a lexicon, Seeley

wishes to leave open the opportunity for the "language reformer" to take another trail in order to revolutionize the language. Thus, the reformer would "cut through" to a new beginning: first, to examine the requirements for a suitable set of terms, and, secondly, to build a set—*de novo* when necessary and perhaps even with symbols instead of terms.

Keller and Seeley are equally concerned about the present terminological confusion and chaos in the field of alcohol problems. However reform may come—by gradual evolution, by eruptive event or by both—may it come soon, so that a strong structure of knowledge can be built as rapidly as possible. This monograph therefore is dedicated to both the evolutionist and the still unknown hatcher of a terminological revolution.

H. DAVID ARCHIBALD

Alcoholism Research Foundation
Toronto, Ontario
Canada.

1. The Language of Alcohol Problems¹

Mark Keller²

INTRODUCTION

THE ADVANTAGES of efficient communication among those working in a common cause or for the solution of any problem are widely understood. Serious hindrance to success may arise from failures of communication. One frequent cause of such failure is the lack of uniform terminology. Scientists and systematic scholars, of course, regard definition as a foundation stone of disciplined work. Indeed, the function of semantic agreement is by no means a modern discovery; the ancients who recorded the story of the Tower of Babel knew it well and the confounding of languages there undoubtedly refers to the effectiveness of confused definitions in frustrating a common undertaking.

Ambiguous terminology plagues scientific workers in many fields. The natural sciences, and even those called "exact," are by no means free from this embarrassment. The terms used by biologists are often taken for pure gold but the range of equivocation possible with such words as *NORMAL*, *HEALTH* and *DISEASE* is almost unlimited. When workers in the natural and social sciences begin to collaborate, problems of terminology tend to become acute.

No general solution of this difficulty is in sight. It seems that in each scientific field, or division of practical work, those most sensitive to the problems of language must find a way of agreeing about the terms of their specialty. But this is neither simple nor easy. The difficulties are aptly illustrated in an area where

¹ Revised from material presented 9-12 August 1954 at the Symposium on Alcoholism, sponsored by the Alcoholism Research Foundation of Ontario in conjunction with the Fifth International Congress on Mental Health, Toronto.

² Editor, the Publications Division, Yale Center of Alcohol Studies, New Haven, Conn.

natural and social scientists have recently been striving for an integrated approach—the area of alcohol problems, including alcoholism conceived of as both a medical and a social disorder. The following considerations deal specifically with the problem of language in this field. The form of approach to be suggested, however, may be applicable to other special fields as well.

The present approach differs from previous efforts to achieve uniform terminology in just one respect. In most cases, interested individuals or groups attempt to draw up a set of definitions which should be acceptable to workers in the given field. The attitude may be authoritarian or ethical: you must or you ought to use this term in this sense. Such productions, however, are often ignored, as the history of attempts to clarify the language of alcohol problems demonstrates. This is not necessarily due to the indifference of scientific colleagues. It may be related rather to psychological factors influencing usage in language which are left out of account by those who advocate reforms. The suggestion is therefore made here that where difficulty is experienced in getting uniform terminology accepted, the lexicon of the special field should not take the form of a set of “better” definitions. Rather, a dictionary of usage should be composed, in which the trouble-giving definitions will stand together under the same term. Reliance would then be placed on encouraging recourse and reference to this lexicon. It is anticipated that in the long run the most useful definitions, without prejudice as to their “desirability” or “goodness,” will displace the inefficient ones in actual usage.

WORDS ABOUT ALCOHOL

In the realm of alcohol problems the lack of uniform terminology has at times obstructed both scientific and popular endeavours, but the force of this hindrance has been felt, of course, chiefly in scientific quarters. Thus the Research Council on Problems of Alcohol, after its first three years of activity, found it necessary in 1940 to publish certain definitions which the Council had “tentatively utilized, for purposes of brevity.” Three terms were defined: an ALCOHOLIC, ALCOHOLISM, and DRUNKENNESS.³ The

³ Quart. J. Stud. Alc. 1: 402–404, 1940.

definitions must have been too brief; they were followed immediately by an explanatory statement of over 400 words. It is worth noting that at this time the Council employed "the term ALCOHOLISM to include only that condition usually spoken of as chronic alcoholism." But two years later, E. M. Jellinek, in editing a review of the alcohol literature on behalf of the Scientific Committee of the same Council, found it expedient to avoid the term ALCOHOLISM in that erudite work (except, of course, in direct reference). The confusion of tongues evoked by the use of this term seemed beyond all management, and restriction to the terms CHRONIC ALCOHOLISM and ALCOHOL ADDICTION was a practical solution.⁴

The subsequent history of these terms illustrates the complexity of the problem of definitions and uniform language while it suggests the technique that may help to alleviate it. Jellinek's effort to exclude the term ALCOHOLISM and to substitute CHRONIC ALCOHOLISM which was precisely distinguished from ALCOHOL ADDICTION and EXCESSIVE DRINKING, was sound on historical, pathological, nosological, and plain logical grounds. But, rational as the proposed distinctions and definitions were, and although the terms ALCOHOL ADDICTION and CHRONIC ALCOHOLISM were pointedly incorporated in the title of a volume which became the foremost reference work in the field during the following decade, this distinction did not prevail. Within a few years the editors of the *Quarterly Journal of Studies on Alcohol*, with Jellinek, were forced to use the term ALCOHOLISM again; not, however, as a synonym for chronic alcoholism, but rather for alcohol addiction. A few years later, an international committee of scientists published a plea to abandon the term CHRONIC ALCOHOLISM.⁵ That Jellinek was a participant here too is a mark not of inconsistency but of realism in recognizing that the need for uniformity of language among scientific workers is more important than the actual terms chosen.

A few examples will illustrate the severity of the prevailing

⁴ Jellinek, E. M., ed., *Effects of Alcohol on the Individual: I. Alcohol Addiction and Chronic Alcoholism* (New Haven: Yale University Press, 1942).

⁵ Expert Committee on Mental Health: Report on the First Session of the Alcoholism Subcommittee, World Health Org., Tech. Rep. Ser., no. 42, Geneva, 1951.

chaos in language. In certain articles by physicians, describing specific treatments of alcoholic patients and published in recent medical literature, it is not possible to know with certainty the nature of the disorder for which the treatment is prescribed. One such report was entitled "The Use of Drug X in Alcoholism—Report of 100 Consecutive Cases." The 100 cases consisted of 59 patients (a rare instance where a true distinction appears between a case and a patient). The author achieved "excellent results in 71, fair in 10, poor in 15, with 4 who could not be followed." He writes further, "There seems to result an almost specific action in stopping the need and craving for alcohol in both the acute and chronic alcoholic." That sounds as though he were treating alcoholism, at least in some, and intoxication in some, though both are called alcoholism in the title. But then he says, after having reported 71 per cent success, "It has no lasting effect in preventing further alcoholic bouts . . ."—which indicates that he could have been treating only intoxication or its immediate sequels. But he also writes, "It was found that there were several things necessary to make this treatment a success. First is a definite desire on the part of the patient to stop drinking; otherwise co-operation will not be forthcoming." Since co-operation, or a definite desire to drink no more, is hardly essential for the treatment of acute intoxication or even hangover states in a patient who has come to the office or is seen at home, it seems again that the author is treating alcoholism. But then he says, "It is remarkable to see the improvement in mental outlook and physical condition of these patients, which frequently can be observed within 15 minutes." That again does sound like intoxication or hangover rather than alcoholism. However, in explaining his treatment, the author discusses in detail the theory of alcoholism as a metabolic or endocrinopathic disorder (after James J. Smith and Tintera and Lovell). Is he, then, unable to distinguish between the alcoholic's inability to refrain from getting drunk and the symptoms consequent to a drunken debauch? At any rate, both are called ALCOHOLISM. Nor is this a unique example, nor does the mischief attach only to the term ALCOHOLISM or its cognates. A recent critique cited an instance in which the technical term ALCOHOL TOLERANCE was unwittingly used by one

author—a biochemist—within a single article in two entirely different meanings.⁶ From editorial experience with alcohol literature of the past two decades it would be possible to compile a volume of examples of the anarchic and contradictory use of terms in scientific publications, and of the harm caused by this confusion. To cite more instances, however, would be to belabour the obvious.

The lack of agreement on terminology is highlighted by three recent events: the establishment of a Committee on Classification and Nomenclature by the North American Association of Alcoholism Programs; the discussion of the topic and the adoption of a number of new definitions by the Subcommittee on Alcoholism of the World Health Organization; and a resolution by the 24th International Congress against Alcoholism, calling for the establishment of a “commission on language” to “bring into being a standard vocabulary. . . .”

The following discussion has two chief purposes. The first is to suggest how the efforts of these committees may be rendered more effective—how they may gain wider acceptance—than past attempts to reform definitions and terminology, by recourse to a method based on the common practice in lexicography. This will be justified in a brief discussion of the relevant principles. The second is to present a limited but potentially useful vocabulary in conformity with those principles.

USAGE VERSUS SEMANTICS

The method of most attempts to bring order into scientific terminology, as noted above, is to propose a new or substitute term for a described condition, or an improved or modified definition of an old term. Neither the authoritative position of a proponent nor the irrefragable logic of a proposal has usually succeeded in modifying established usage. Even the happy coincidence of the two factors has not availed.

Besides the examples of ALCOHOLISM and CHRONIC ALCOHOLISM, cited previously, it is worth while considering the case of POLY-

⁶ Reference citations for the examples are purposely omitted. It is not intended to point in blame at particular authors for errors which are all too common.

NEURITIS, a term by no means exclusively "alcoholic." Some twenty years ago, I. S. Wechsler, in a revision of his *Textbook of Clinical Neurology*—a work which has had numerous reprintings and revisions to this day—pointed out that the affection of the peripheral nerves called POLYNEURITIS is not an ITIS, not an inflammation; it is, in fact, a degenerative process. He therefore renamed it POLYNEUROPATHY. A few writers have adopted this suggestion. The vast majority have not. The editors of the *Quarterly Journal of Studies on Alcohol* still receive manuscripts which deal with ALCOHOLIC POLYNEURITIS. If they are published in this journal, the word is changed to POLYNEUROPATHY, and no author has yet been heard to protest. In most other journals, POLYNEURITIS continues to predominate. Both the Dorland and the Stedman medical dictionaries in the latest editions still define the disorder, including the alcoholic form, under NEURITIS; they do not even cite neuropathy as an alternative expression. Not so the American Medical Association's new edition of the *Standard Nomenclature of Diseases*, which carefully distinguishes between neuritis and NEUROPATHY and will lead any thoughtful user to the correct classification of the alcoholic or diabetic form, or that due to heavy metal poisoning, as a neuropathy. Yet the dictionaries are right, too, for they are supposed to follow the prevailing usage, and Wechsler's correction has been adopted thus far only by a minority. Nevertheless, NEUROPATHY has been heard often enough to deserve mention in those dictionaries at least as an alternative; no doubt it will be there after another five or ten editions.

In view of this history, and in the light of these considerations, it seems futile to hope that one committee or another can gain substantial acceptance of its definitions of terms or of its restrictions on their use. And acceptance is of the essence. It is suggested, instead, that the solution of this problem can be advanced more effectively by giving due recognition to a basic fact in the situation: that the power of usage is as decisive in a special field as in language generally. Once this is admitted, it becomes evident that mere manipulation of the meaning to be attached to terms will hardly produce decisive reforms. It is natural that authorities tackling the problems of a special vocabulary should seek to introduce the most logical improvements. But, as the

history of such endeavours indicates, they are not destined to be viable.

This does not mean, however, that there is no room for the intervention of lexicography. On the contrary, precise definition is essential for bringing order and logic into the terminology of a special field. To achieve acceptance, however, the work should comply with certain principles which have aided the making of successful general dictionaries. The first of these is to define in accordance with realistic usage. The second is to indicate the generally preferred usage. A third, and only the third, may be to point out the better usage—which is, naturally, the same thing as the lexicographer's own preference.

In a vocabulary on alcohol problems this would mean multiple and even contradictory definitions for many terms. Thus, TEMPERANCE would have to be defined both as moderate drinking and as abstinence. The authority who offers but one of these definitions is no more than gratifying his own wishes as to what the word should mean. This is value judgment rather than lexicography, however rational the choice.

The use of contradictory definitions as a method of dispelling chaos in terminology should not be thought of as paradoxical. Physicians, engineers, social workers, physiologists—in fact, scientists and professionals in general—cannot be forced to accept any set of rules about how they are to use words and phrases. Sometimes they seem to delight in behaving like Humpty Dumpty in *Through the Looking Glass*: when they use a word it means what they want it to mean. The advantage of the non-compulsory type of lexicon, based on usage, is that the juxtaposition of different definitions exposes the problems and the contradictions to full view—at least for those who consult lexicons. It warns the reflective user of terms that this or that one can easily be understood to mean what the reader wishes rather than what the writer intends, if he does not actually aim to equivocate. It challenges the disciplined writer to supply, with certain terms, definitions which make his own usage clear, or to substitute terms free of ambiguity. It gives guidance and a basis for the selection of terms. A utilitarian lexicon of this type is more likely to be consulted than the authoritarian variety for the very reason that it provides

more information. With increasing recourse to such a lexicon the "good" terms should gradually drive the "bad" ones out of circulation. In other words, the more efficient usages will be helped to prevail and the less efficient ones to disappear.

The important consideration, it is worth emphasizing again, is acceptance. And there is no reason to think that a special lexicon which offers or attempts to impose a particular set of preferred definitions can gain general acceptance. Such a dictionary, however satisfying to the semanticist who seeks to define what a term should mean, is not the most useful type for those who wish to know what a term means in the marketplace. The arbitrariness of the one-sided lexicon tends to defeat its purpose.

Balancing these limitations on efforts to establish uniform meaning of terms is the following consideration: in the definitions of a special vocabulary it is appropriate to exercise more freely than in a general dictionary the privilege of the third principle—the indication of the lexicographer's preferences.

The following vocabulary and definitions have been compiled with a view to making a small but concrete contribution to lexicography in the field of alcohol problems.⁷ The principles mentioned above have been applied as far as possible in the selection and formulation of definitions according to usage in the alcohol literature. As a rule, where more than one definition of a term is provided, precedence is given to preference in general usage. Where no actual preference in usage was discerned in the literature, precedence has been given to the compiler's preference or to what seemed the most logical order of presentation. In

⁷ Grateful acknowledgment for critical advice and valuable contributions is made to E. M. Jellinek, Secretary-General of the International Institute for Research on Problems of Alcohol, Geneva; Jorge Mardones R., Director, and Anibal Varela, chief psychiatrist, of the Instituto de Investigaciones sobre Alcoholismo, University of Chile, Santiago; and Vera Efron, archivist of the Yale University Center of Alcohol Studies. Many useful ideas were contributed also by members of the Symposium on Alcoholism at Toronto, where this material was first presented, and by members and consultants of the Committee on Classification and Nomenclature of the North American Association of Alcoholism Programs. Thanks for numerous suggestions are due also to Raymond G. McCarthy and to other members of the staff of the Yale Center of Alcohol Studies. This work is the sole responsibility of the author, and should not be construed as representing institutional views of the Yale Center of Alcohol Studies.

addition, since this is a special vocabulary with a special purpose, liberty has been taken to indicate the views of the lexicographer or of authorities in footnote comments. Not every usage of each term has been presented, however; the rare usages, and especially those suspected of being accidental misuses, have mostly been ignored, and some omissions by oversight can hardly have been avoided. Finally, the usages listed here are chiefly North American. A few British and other distinctions have been incorporated, but manifestly not enough. It is hoped that this is allowable in a work which does not pretend to utter the last word.

While the definitions offered here are based on usage as determined from the literature on alcohol problems, the selection of terms is based on different considerations. The list from which these sixty-odd items were chosen comprised over 500 expressions. It is not intended, however, to create here a dictionary of this special field but only to initiate the systematic definition of its more important terms, particularly those which have given rise to some problem in their usage or which are closely allied to problem-creating terms. Thus the selection of the terms is arbitrary. A few that appear might well have been omitted; probably many more should have been included. But the present compilation will serve its purpose if it contributes to better orientation in the terminology of alcohol problems and aids in a somewhat more precise use of language in this field.

SUMMARY

All who work in the field of alcohol problems—whether in research or as clinicians, educators or administrators—confront the vexations of an inconsistent terminology. Different writers use the same words—including some of the fundamental ones, such as “alcoholism”—in different senses. Nor is it rare for the same writer in the same article to use the same word in two different meanings. The confusion may be compounded when similar words are translated from one language into another.

Since discordant language hinders efficient communication among scientists and in the professions, various authorities have tried occasionally to establish precise definitions of trouble-giving

terms. The indifferent results from past efforts of this sort have led to the following suggestions:

1. There is little likelihood that advantage will be gained from forming an "authoritative" lexicon in which ideal definitions of words or terms are provided.

2. Instead, the determining force of usage in the application of language should be recognized and a collection of definitions should be formed in which each term is listed with its variety of meanings as discovered in the literature.

3. This lexicon based on usage should be offered as a non-authoritarian guide to terminology.

It is assumed that such a guide, because it defines by usage and gives multiple meanings, will be interesting and helpful to the several classes of workers in the field. The problems raised by varied and contradictory uses of the same terms will thus force themselves on the attention of those who consult such a lexicon. Increased discrimination in the selection of terms may be expected to develop, and writers will feel the need to clarify their own use of terms which have multiple or shaded meanings. This process, in time, may aid the survival of efficient terms and the disappearance of relatively troublesome ones. It should contribute to the most rational employment of the essential terms which have long-established trouble-giving usages.

A selected vocabulary, with a limited number of annotations, is offered as a first approach to this method of dealing with the problems of terminology.

2. A Selected Vocabulary

NOTE: The inclusion of a definition here does not imply "correctness," but only that the term has been used as defined. Where several numbered definitions of a term are given, precedence usually indicates preferred usage. The selection of items was arbitrary. For the most part, they are those known to have given trouble in usage or to be allied to trouble-giving terms.

ABSTAINER. One who practises abstinence.

ABSTINENCE. Total abstinence; refraining completely from drinking any alcoholic beverage.

ACUTE ALCOHOL INTOXICATION. 1. Alcohol intoxication; severe alcohol intoxication; alcohol poisoning. 2. A circumscribed episode of alcohol intoxication as distinguished from a continual or prolonged state of intoxication.

ACUTE ALCOHOLIC STATE. 1. A physical or mental disorder of alcoholics, associated with and immediately consequent to a prolonged bout, as acute alcoholic hallucinosis, acute Korsakoff's psychosis, delirium tremens, postalcoholic psychomotor agitation. 2. Alcohol intoxication.

ACUTE ALCOHOLISM.¹ 1. Alcohol intoxication or alcohol poisoning. 2. A state of intoxication in an alcoholic. 3. The temporary disturbances or the acute alcoholic states due to excessive drinking.

ADDICTION. *See* ALCOHOL ADDICTION; DRUG ADDICTION.

ADDICTIVE DRINKER. A person who manifests the behaviour or symptoms of alcohol addiction.

ADDICTIVE DRINKING. Alcohol addiction.

ALCOHOL. 1. Ethyl alcohol (ethanol, $\text{CH}_3\text{CH}_2\text{OH}$) when the type is not specified; a colourless, volatile, slightly aromatic, flammable liquid, one of the products of vinous fermentation. Distinguished from alcoholic beverages, of which it is the characteristic and essential ingredient, and from other alcohols, as isopropyl, methyl, etc. 2. Distilled alcoholic beverages as distinguished from wine, beer, etc.

ALCOHOL ADDICT. A person who manifests the behaviour or symptoms of alcohol addiction.

¹ The unambiguous definition of "alcoholism" appears to render the term "acute alcoholism" ambiguous. *Cf.* alcoholism; alcohol intoxication.

ALCOHOL ADDICTION. 1. An overwhelming desire, need, impulse or compulsion to drink and to obtain alcoholic beverages by any means, with psychological and possibly physiological dependence on alcohol, marked by a tendency to be unable to stop when drinking is begun. Distinguished from drug addictions in which there is, in addition, a tendency to increase the dose, and in which physiological dependence is much more probable. 2. Alcoholism.²

ALCOHOL CONCENTRATION. The proportion of alcohol in a tissue or fluid, expressed as volume or weight of alcohol per volume or weight of fluid or tissue.

ALCOHOL INTOXICATION. 1. A state of pronounced disturbance of function resulting from the presence of alcohol in the central nervous system. (*Cf.* UNDER THE INFLUENCE OF ALCOHOL.) 2. Drunkenness. 3. Alcoholism or inebriety.

ALCOHOL PATHOLOGY. 1. Any morbid change caused by the direct or indirect effects of alcohol. 2. Any individual or social harm resulting from inebriety.

ALCOHOL POISONING. A severe or extreme state of alcohol intoxication.³

ALCOHOL TOLERANCE.⁴ 1. The capacity to maintain normal function in the presence of a given concentration of alcohol in the tissues. 2. The functional capacity of the organism after the intake of given amounts of alcohol. 3. The adaptation of the organism to the continued, repeated or increased presence of alcohol in the tissues. 4. The efficiency of the organism in handling or disposing of alcohol.

ALCOHOLIC. (*noun*) 1. A person whose behaviour or condition complies with a definition of alcoholism. 2. A person who drinks alcoholic beverages to excess.⁵

ALCOHOLIC BEVERAGE. Any beverage containing alcohol, as beer, cider, distilled spirits, wine.

² For distinction between alcoholism and alcohol addiction, see footnote 7.

³ Alcohol poisoning appears to be distinguished from alcohol intoxication (definition 1.) only by the severity of involvement. It would be advantageous to define the difference in terms of alcohol concentration in the blood, e.g., "alcohol poisoning is an extreme state of intoxication, usually at alcohol concentrations in the blood above 0.4 per cent." The demarcation point of 0.4 per cent would allow parallel clinical discrimination by the symptom of loss of consciousness.

⁴ This term has frequently been used ambiguously. To avoid misunderstanding, the idea of definition 3 might be expressed by another term, e.g., **ALCOHOL ADAPTATION**. The use of **ALCOHOL TOLERANCE** as in definition 4 apparently stems from a popular misunderstanding of physiology and is without semantic merit.

⁵ Definition 2, of wide popular acceptance, equates alcoholic with excessive drinker (*cf.* **EXCESSIVE DRINKING**) and thus blurs the useful and important distinction between the two terms.

ALCOHOLIC DISEASE. Any physical or mental complication of alcoholism; a disorder occurring relatively frequently in alcoholics and caused by the direct or indirect effects of alcohol on the organism, as cirrhosis of the liver, delirium tremens, Korsakoff's psychosis, polyneuropathy.⁶

ALCOHOLIC PSYCHOSIS. Any mental disorder occurring relatively frequently in alcoholics and caused by the direct or indirect effects of alcohol on the organism, as delirium tremens, Korsakoff's psychosis.

ALCOHOLISM. 1. A chronic disease, or disorder of behaviour, characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community, and that interferes with the drinker's health, interpersonal relations or economic functioning. 2. Excessive drinking of alcoholic beverages characterized by the likelihood of loss of control over drinking when some alcoholic beverage is ingested or when an individual critical alcohol level in the blood has been attained.⁷ 3. Alcohol addiction.⁷ 4. Alcohol poisoning or alcohol intoxication.⁸ 5. A diseased condition caused by excessive drinking.⁹ 6. (*popular*) Drunkenness; excessive drinking; inebriety.¹⁰

ALCOHOLISM WITH COMPLICATIONS. 1. Alcoholism marked by any defect of health consequent to excessive drinking. (*Cf* CHRONIC ALCOHOLISM, definition 1.)

⁶ This definition excludes disorders to which excessive drinking may render the individual more susceptible (as accidents) or less resistant (as infections).

⁷ Discriminating usage would reserve the term ALCOHOLISM for the condition described in definition 1; the condition described in definition 2, which involves LOSS OF CONTROL, would be called ALCOHOL ADDICTION rather than alcoholism. Accordingly, definition 3, which equates alcoholism and alcohol addiction, would be ambiguous. It must be observed, however, that the discrimination necessary for distinguishing between alcoholism and alcohol addiction may require individual diagnosis. The practical consequence of this appears to be that the term ALCOHOLISM must be understood as probably including alcohol addiction except when the two are expressly distinguished. Determining the meaning of ALCOHOLISM in the literature at present may require close attention to context.

⁸ Definition 4 has only the slight virtue of allowing the briefer form, ALCOHOLISM, to be used in place of ALCOHOL POISONING (or ALCOHOL INTOXICATION); against this is the ambiguity arising from the fact that ALCOHOLISM is most often used to name the alcoholic's abnormality of behaviour, as in definitions 1 and 2, rather than its consequences.

⁹ Definition 5 appears to be inherently ambiguous. It is not clear whether the "diseased condition" is the alcoholism (which implies that excessive drinking causes or is caused by excessive drinking) or some other disorder due to inebriety, that is, a medical complication of alcoholism or chronic alcoholism (*cf.* CHRONIC ALCOHOLISM, definition 1).

¹⁰ The use of ALCOHOLISM in place of DRUNKENNESS, EXCESSIVE DRINKING or INEBRIETY, as in definition 6, appears to be a popular misappropriation of a technical word.

ALCOHOLIST.¹¹ 1. An alcoholic. 2. A person whose drinking constitutes an abuse of alcohol. 3. A user of alcoholic beverages, as distinguished from an alcoholic.

BENDER. (*slang*) A spree, a bout.

BLACKOUT. 1. Amnesia for the events of any part of a drinking episode, without loss of consciousness.¹² 2. Coma or stupor due to alcohol intoxication.

CHRONIC ALCOHOL INTOXICATION. 1. A prolonged state of alcohol intoxication maintained by repeated intake of alcohol before or soon after previously taken alcohol has been metabolized. Distinguished from alcoholism or inebriety. 2. Alcoholism or inebriety.

CHRONIC ALCOHOLIC.¹³ 1. A person who has chronic alcoholism. 2. An alcoholic.

CHRONIC ALCOHOLISM.¹⁴ 1. Alcoholism with complications; physical or psychological changes due to the prolonged excessive use of alcohol. 2. Alcoholism, alcohol addiction, or repeated drunkenness. 3. Long-lasting inebriety or alcoholic disorder.

DEBAUCH. A spree, a bout.

DIPSOMANIA. 1. Periodic excessive drinking. (*Cf.* PERIODIC DRINKING.) 2. Craving, or periodic craving, for alcohol. 3. Alcoholism.

DISTILLED SPIRITS. 1. Alcoholic beverages produced by distillation and containing, usually, 25 per cent or more alcohol, as brandy, cordials, gin, rum, whisky, etc. 2. Alcohol.

DRINKER. 1. One who partakes of alcoholic beverages to any extent. Distinguished from abstainer. 2. (*popular*) An alcoholic; an excessive drinker; a drunkard.¹⁵

¹¹ This term is rare in the United States but common in the Scandinavian countries where it is used chiefly in the sense of definition 2. It is analogous also to the Italian ALCOOLIST (alcoholic, definition 1).

¹² This usage is American and has the same meaning as the slang term PULLING A BLANK. PULLING A BLANK, that is, BLANKING OUT, may have originally taken the form BLANKOUT, by analogy with the popular term BLACKOUT (which referred to amaurosis fugax), and from that became corrupted to BLACKOUT. Definition 2 is the British usage.

¹³ When used to designate an alcoholic this term is redundant, since an alcoholic is by definition suffering from a chronic disorder. Because of world-wide ambiguous definitions and uses of this term, its abandonment has been recommended by the Subcommittee on Alcoholism of the World Health Organization. When occurring in the literature, the meaning of CHRONIC ALCOHOLIC must be interpreted, when possible, in accordance with context.

¹⁴ In the sense of definitions 2 and 3 this term is tautological or ambiguous. Because of world-wide ambiguous definitions and uses of this term, its abandonment has been recommended by the Subcommittee on Alcoholism of the World Health Organization. The term ALCOHOLISM WITH COMPLICATIONS may be substituted when the sense of definition 1 is intended. When occurring in the literature the meaning of CHRONIC ALCOHOLISM must be interpreted, when possible, according to context.

¹⁵ The use of this term according to definition 2 is grossly ambiguous.

DRINKING. Partaking of alcoholic beverages; not abstaining.

DRUG ADDICTION. An overwhelming desire, need, or compulsion to take a drug and to obtain it by any means, with a tendency to increase the dose and with psychological or physiological dependence on the drug. Distinguished from alcohol addiction, in which there is no tendency to increase the dose and physiological dependence is relatively questionable.

DRUNK. (*noun; slang*) 1. One who is intoxicated or under the influence of alcohol. 2. An alcoholic. 3. An episode of drunkenness, a spree.

DRUNKENNESS. 1. Alcohol intoxication. 2. Inebriety.

DRY. 1. (*noun*) One who is opposed to drinking or to the promotion of the use of alcoholic beverages. 2. (*adjective, applied to an alcoholic*) Abstinent.

EXCESSIVE DRINKING. 1. The drinking of alcoholic beverages to an extent that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community. 2. Inebriety.

HANGOVER. The immediate pathophysiological or pathopsychological after-effects of drinking, usually of large amounts, other than effects of the presence of alcohol.

HIGH. (*slang*) Under the influence of alcohol to a mild degree, less than **TIGHT**.

INEBRIATE. (*noun*) 1. An excessive drinker. 2. An alcoholic.

INEBRIETY. 1. Excessive drinking. 2. Alcoholism.

INTEMPERANCE. 1. Immoderate drinking. 2. Drunkenness.

INTOXICATION. Alcohol intoxication when another cause is not specified.

LIQUOR. 1. Distilled spirits. 2. Any alcoholic beverage.

LOSS OF CONTROL OVER DRINKING. The inability, whether on some or on all occasions, to stop voluntarily when some alcoholic beverage is ingested. Said to be characteristic of alcohol addiction (*cf.* **ALCOHOL ADDICTION**; **ALCOHOLISM**, definition 2) and distinguished from deterioration of motor co-ordination or of social propriety under the influence of alcohol.

MODERATE DRINKING. The drinking of alcoholic beverages in such amounts and frequencies as to comply with the dietary or customary usages of the community, without involvement in pathological behaviour or consequences.

MODERATION. Moderate drinking.

NONADDICTIVE ALCOHOLIC. A nonaddictive pathological drinker.

NONADDICTIVE PATHOLOGICAL DRINKER. A person who drinks excessively as a means of handling unconscious problems, and with consequent pathologies, but who does not manifest the overwhelming desire, need, impulse or compulsion, or the loss of control, characteristic of alcohol addiction.

PATHOLOGICAL DRINKER. 1. A person whose drinking causes alcohol pathologies. 2. A person who drinks excessively as a means of handling unconscious problems; an alcoholic. 3. A problem drinker.

PATHOLOGICAL INTOXICATION. 1. An extraordinary reaction to small amounts of alcohol, marked by violent behaviour followed by amnesia. 2. A reaction of senseless furor or violence after drinking, with amnesia for the episode.

PATHOLOGICAL REACTION TO ALCOHOL. Pathological intoxication.

PERIODIC DRINKING.¹⁶ A form of alcoholism characterized by bouts of excessive drinking with sustained intervals of abstinence or moderate drinking.

POST-INTOXICATION STATE. 1. Immediate sequels of an alcoholic bout, including anxiety, psychomotor agitation and other symptoms, sometimes attributed to alcohol withdrawal. 2. Delirium tremens, acute alcoholic hallucinosis, or other disorders, chiefly of the nervous system, which may become manifest in alcoholics after a prolonged bout. 3. Hangover.

PROBLEM DRINKER. 1. A person who drinks alcoholic beverages to an extent or in a way that causes private or public harm. 2. An excessive drinker.

SOBER. 1. Not under the influence of alcohol. 2. (*said of an alcoholic*) No longer drinking.

SOBERING UP. Detoxication after a spree.

SOBRIETY. 1. Temperance. 2. (*said of an alcoholic*) The ability to refrain from drinking.

SOCIAL DRINKING. 1. Moderate drinking on social occasions. 2. Drinking to comply with the expectation of companions. 3. Drinking in a way and within the limits accepted by a cultural group.

SPIRITS, SPIRIT. Distilled spirits.

SPREE. An episode of prolonged excessive drinking.

SPREE DRINKING. Periodic drinking.

SYMPTOMATIC ALCOHOLISM. Alcoholism secondary to a distinct clinical entity, as mental deficiency, psychoneurosis or psychosis.

SYMPTOMATIC DRINKING. 1. Drinking, usually excessive, as a means of handling overt tensions and unconscious problems, or as a symptom of a mental disorder. 2. Drinking, usually excessive, for relief from pain; or alcoholism as a response to unbearable pain.

TEMPERANCE. 1. Moderation. 2. Abstinence.

TIGHT. (*slang*) Under the influence of alcohol, more so than **HIGH**.

¹⁶ A more correct but still not quite precise term for this condition would be **PERIODIC ALCOHOLISM**.

UNDER THE INFLUENCE OF ALCOHOL.¹⁷ A state of relatively mild disturbance of function resulting from the presence of alcohol in the central nervous system. (Cf. ALCOHOL INTOXICATION.)

USER. One who partakes of alcoholic beverages to any extent; a drinker. Distinguished from abstainer.

WET. 1. A person engaged in promoting the use of alcoholic beverages.
2. One who takes a stand favourable to alcoholic beverages, specifically in opposition to the stand of drys. (Cf. DRY, definition 1.)

WINO. (*slang*) An alcoholic who drinks fortified wines to achieve intoxication at low cost, or who prefers wine for his intoxicating beverage.

¹⁷ UNDER THE INFLUENCE OF ALCOHOL is defined by law in some jurisdictions in terms of specified concentrations of alcohol in body tissues or fluids. It is sometimes distinguished from alcohol intoxication (or drunkenness), for which higher alcohol concentrations are specified.

3. The Problems of Alcohol Language Reform and Revolution?

John R. Seeley¹

THE SIZEABLE contribution to mutual understanding in the preceding chapters by Mark Keller can hardly be disputed. Even before publication, copies of his paper have been widely demanded, and the very demand in a sense confirms what he says: that the steps he proposes are timely and have a reasonable chance of "acceptance." The paper must speak for itself and has already, then, begun to do so; there is no intention to "review" it here, except in so far as may be necessary to prevent the foreclosure of what might become a very productive argument.

The Keller contribution falls into two parts: the first, an argument from human nature and from the author's very considerable experience, as to the lexicographical procedure that he thinks had best be employed; the second, an example of the product that ensues from that procedure. The author does not claim that the procedure he recommends (a "usage list") is "ideal"—only that, by the pragmatic test of probable "acceptance" it is to be preferred over a possible alternative or alternatives. The second part, therefore, the first-fruit of the recommended procedure, is not only a "sample" of the product, but also the material for an inevitable experiment in reference to the argument. If indeed the product is "accepted" (that is, used in terms of the author's declared intent), then the argument that this is the preferable procedure is validated—provided only that what is accepted takes us beyond our present confusions without landing us in greater difficulties.

On second thought, perhaps the experiment cannot determine quite so much. Unless or until an equally notable product of a

¹ Research Director, Alcoholism Research Foundation of Ontario; Associate, Department of Psychiatry, University of Toronto.

different procedure is put forward, we shall not know that the present one is preferable; we shall only know that it is *viable*—which is important, but something less. We shall know in time whether *this* baby can live, but not whether a different infant, differently made up, might or might not have been the lustier. It is to prevent the premature contraception of that other infant that these few lines of discussion have been added.

A polarity may undoubtedly be described or defined in human affairs that has many names because it has so often been adverted to, but whose nature may be represented by any of the words that cluster at its opposite ends: “organic” and “mechanical,” “organismic” and “organizational,” “grown” and “devised,” and so on. One set of concepts is saturated with the sense of continuity in the historic process, congruence in the culture, and stability in the social system. In this view, at its extreme, the role of intelligence is restricted very nearly to the adaptation of intelligence in the face of the unintelligent and to adjustment to necessity, felt as having dominion over most, if not all, life and its manifestations. The other set of concepts is equally saturated with a sense for the discontinuities, the leaps that nature is said never to make but evidently does, the disjunctions that even the most closely knit culture manifests (and that may be the evidence of its very livingness or vitality), and the instabilities of any non-morbescent social order. In this alternative view, also at its extreme, the role of intelligence may be felt to be “critical” or “decisive,” or otherwise unintelligently exaggerated. Everyone attached to either view has his evidence, convincing if one must be unambiguously convinced.

Those who propose to alter (or further) the course of human affairs—and that includes lexicographers—orient themselves variously with reference to this polarity. In North America, curiously enough, tendencies towards one or the other extreme pole appear side by side in the culture in perhaps almost equal strength. America is the home of “There ought to be a law . . .”—the view that once the (hopefully) most rational or best policy has been thought through, the mere embodiment of that policy in legislative fiat will surely secure the corresponding behaviour, regardless of the folkways and mores, customs and habits, institu-

tions and interpersonal relations it may cut across and disrupt. "Prohibition," both in the United States and Canada, may be a case in point. But America is also the home of "readiness"—"readiness to 'co-operate'" in the Nursery School, "reading-readiness" in Grade One (or wherever it now is that children are introduced to the delights of the current "Fido runs. See Fido run. Run, run, run. "). In this view—and in much "human relations in industry" and similar material—the impotence of the operator (teacher, administrator, and so on) and the potency of resistance and refractoriness of the material are given maximum emphasis. The part of wisdom in the operator lies in waiting—waiting for designated signs of readiness in the operand. The first view exaggerates the possibility of freedom for the operator and necessity for the operand; the second, conversely, underestimates the one and overestimates the other.

A member of a scientific community, wishing (for his comfort and the peace of his colleagues) to see the introduction of some semblance of order into the common discourse, must make a choice, at least for himself, as to how he will face these colleagues. Will he act close to the model of the legislator, convinced that "there ought to be a law," and recommend for their adoption the law he is powerless of himself to enact? Or will he act close to the model of the teacher, assessing their "readiness," and ready himself, in terms of that readiness, to edge them insensibly into the next small step? Is it better that an issue be clearly joined? Or that some slight "strain to consistency in the culture" (to borrow Sumner's phrase) be smoothly introduced into it? It is Keller's virtue (among other things) to have faced this issue, and made his choice—largely, for "practical" rather than "philosophic" reasons—in the latter direction.

What the answer must be for any one man is probably something to which he best knows the answer. But we seem to be so constituted that what we say in defence of our own actions has the ring of recommendation to others to do the like. All through the scientific community—or, certainly, the social scientific community—the arguments that defend the legitimacy of use of a given method, do attack (or, by their generalization, seem to attack) the place, utility, or legitimacy of alternative, and pos-

sibly complementary, methods. That a catholic attitude towards methods, procedures, or "fields" of interest for others can coexist—and perhaps had best coexist—with quite firm preference-systems on each of these matters for oneself, seems barely to be entertained in the scientific fraternity, either as a necessity if freedom is to be maximized, or as a freedom to be cherished if maximum productivity is to be had.

It is not, therefore—to come back to our immediate problem—as we confront the Keller usage-dictionary as a body of work that the problems arise. Its utility is hardly questionable, and its tendency, by the indication of usage and preference, to drive future usage gently in the direction of greater clarity and consistency is difficult to doubt. Nor does any problem arise with regard to the "argument" that precedes the dictionary, an argument which indicates in effect how the author came to his decision so to proceed—as long as that argument is not interpreted as having injunctive force *for* anyone else or *against* the active exploration of alternative procedures. Even a small risk of such unintended injunction of action or foreclosure of alternative is too fraught with the possibility of serious scientific loss to permit it to be accepted lightly.

For there is at least one alternative. And the choices made will at one and the same time structure and bind the community of co-operating scientists—indeed it might be said that the community of co-operating scientists is virtually the same as the aggregate of those who use like terms alike. Certainly we could sort the mathematicians from the sociologists fairly well by asking "What is meant by 'the theory of groups'?" although the sociologists, more loosely disciplined perhaps than the mathematicians, might give us a greater variety of essentially different answers. The definiteness and common discipline of each scientific sub-community—its social distance from those without and its integration within itself—might readily be assessed according to the rigour and degree of difference of its vocabulary.

Now such rigour and distance do not grow up, surely, only by organic accretion, by the slow differentiation from the common speech of new meanings for old words or the addition of new words to contain refined meanings or new concepts. Nature does

provide us with the model of the coral reef or the chalk cliff; but she also provides us with the eruptive event, the landslide when tensions accumulate around the fault, or the volcanic outpour when the lava is sufficiently molten and stirred under the right conditions of pressure and counterpressure. There is no *a priori* reason that is not anthropomorphic for regarding the one as normal, the other as abnormal, the one as benign, the other as disastrous. Indeed, in a view even moderately wide, they are complementary phases in a larger process. And what is true for nature is seemingly true for the history of thought, including the history of science. The leading alternatives always seem to be (1) to "weave on" to the existing fabric at any one instant, or (2) to "cut through" it to a virtually new beginning. As in the Soviet Union, so undoubtedly in science, there are "workers" and "heroes." (The workers may be heroes to work so, and the heroes may work at their heroism, but no matter!) The heroes who cut through this tissue of present ways of perceiving or conceiving the problems they are concerned with are surely part of the process: the Galileos, Newtons (or Leibnitz's), the Riemanns, the Einsteins—their similarity lies surely in the relative novelty of their point of departure, in their capacity for or success in system-making, in the boldness of their method and their disregard for the preservation of the then conventional modalities of attack. They do not worry about "acceptance" (though Newton did after the event), at least in the short run, nor are they concerned that for some time they may carry along with them, into shared understanding even, only a tiny proportion of their own small scientific sub-community. That they write "in a language not understood of the people" may be a charge against the authors of The Book of Common Prayer, but surely not against the scientific would-be innovator. (Indeed, given the disastrous rapidity with which every social-scientific and medical half-tested theory tends to be prematurely accepted into belief and embodied in practice in modern society, a *lingua non-franca* may be a positive blessing for the social and medical scientists, all other benefits apart.)

Mr. Keller finds himself on good historic ground, however, with reference to social science in general and the field of problems of alcohol in particular, when he asserts that in the case of new and

radical departures from usage "Neither the authoritative position of a proponent nor the irrefragable logic of a proposal has usually succeeded in modifying established usage." But, in fact, the assertion as it stands may beg one central question and blur another. The question begged is whether, given this history and our necessities (and assuming we *have* had an important system of irrefragable logic, offered) there are or are not enough persons in the community of workers on problems of alcohol, who would in effect "adhere" to the conventions proposed (by explicit agreement if necessary) and thereby establish at least an "established church" (without necessity either to persecute non-conformists or to fail to distinguish them). Let it not be thought, moreover, that this procedure is foreign to science: every journal that has conventions of presentation, standards of scholarship and an implicit agreed vocabulary exerts just such an effect. The question that is perhaps blurred is whether or not, indeed, any system of "irrefragable logic"—or indeed of clear and evident merit, for clarity, consistency, order and incisiveness—*has* ever been put forward, or whether, in the tone and temper of social science in America, the proposal even to seek such order tends to meet with initial discouragement, if not practical defeat. (Some evidence to the contrary may be seen in such rare places as Harvard University or Princeton or Michigan, where a few "model-builders" seem to be laying the groundwork for possible later systematizations.) The point is only, perhaps, that neither directly nor obliquely should we seek to discourage such search.

What has been described as the (present) "tone and temper of social science in America" is, of course, no historic accident, but itself rooted deeply in the American culture. That part of the over-generalized "democratic" viewpoint that makes exclusion generically bad, militates against thinking in terms that would exclude any large part of a potential, the-bigger-the-better, collegueship. The "natural tendency" is to "carry along" as many people as possible—looking at it from their side—and to be as widely "accepted" as possible—looking at it from the operator's. This is a particular and clear policy, but it does not carry its recommendation upon its face. There is, similarly, a distrust of the peremptory, whether the peremptory derives its character

from good sense and logic or mere arbitrary whim—so much so, that Mr. Keller designates the alternative to his procedure not as “authoritative” (a word little used, but still in good odour) but as “authoritarian.” That *mere* authority should be resisted is the beginning of responsibility; that *all* authority should be rejected is the essence of anarchy—in ideas, in government, in behaviour. What happens in practice, as Riesman has well pointed out, is that, in effect, usage becomes authority: there is no king except “others.” (This may be a tyranny also, and none the less destructive for not being in the line of traditional fears.)

What may be difficult to resolve in the abstract, by way of deciding to “weave on” or “cut through” to a new terminology or conception, may perhaps be indicated more clearly in the concrete. What, we may ask, is the situation in the field of studies marked out roughly by “the problems of alcohol”?

The situation is complex—and perhaps inordinately so. Judged by the number of workers professionally concerned, the field is very small. Judged by the universality of the problem, the field is very large—world-wide perhaps, if we extend our concern from alcohol to iso-functional drugs. Judged by the number of victims, we have no minuscule problem; and judging by those who have an opinion regarding them or a believed right to be heard, the field is immense. Even within the group of “professionals” concerned, we must “cut across disciplinary lines,” and not only cut across these (if “disciplines” means theoretical sciences) but hold within some boundary such applied arts as those of the psychiatrist, social worker, clinical psychologist, and nurse. Not only this, but we must speak occasionally to patients, and would like to speak sometimes to our fellow-scientists.

A vocabulary suited to all these must be under quite some strain. It is under a strain, for instance, and to take a concrete and living example, when a single word is sought that will be both scientifically precise and clinically innocuous (if not therapeutic). It may or may not be easily possible, as well as scientifically relevant, to discriminate addicted from non-addicted drinkers, or to differentiate degrees of “addiction”; it may also be therapeutically wise or unwise to seek a term that has less of a knell-of-death impact on the average patient. Indeed, while the clinical use of

evasion or avoidance (*via* circumlocution or otherwise) may be a matter for dispute between clinicians, it is a complication that the precision-seeker for purposes of scientific communication cannot be asked to face. The provision of an in-group (intraprofessional) vocabulary of precision must probably be separated from, rather than fused with, the provision of an out-group (professional-to-patient or patient-to-patient) vocabulary of "support." (There is reason beyond the question of over-complexity in vocabulary fashioning to think that the vocabulary should not be common. Lawyer, general physician or psychiatrist, all have greater difficulty with the patient who "already knows the lingo"—which raises another nice question about what we mean by mental health or alcoholism "education.") But even if it may be assumed that we must develop (or must feel free to develop) separate vocabularies for public, patients and professionals, is it reasonable to assume that the preferable vocabulary should be shared by all the professionals in the field—theoreticians and practitioners, biologists and sociologists, chaplains and nurses? Perhaps for some terms, perhaps not for others. But regardless of specific application to specific terms, is it not true that as we move from theory to application, from thinking about the problem to acting upon it, from the relatively "professional" to the relatively "lay," from scientific discourse to general conversation (or public education), we move from an area where system and precision are of the essence to an area where a penumbra of ambiguity or vagueness is the very condition of comfort and of ease and fluency (as against difficulty and intermittence) of communication? Is it not true that what is a recommendation in one function is not a recommendation in the other: who wants to court a girl by numbers, or disentangle his algebra from a sonnet? And if so, may we not recognize that the procedure adopted by Keller has much to recommend it (indeed may be the only practical possibility) in holding together *all* the far-flung participants to the discussion, while *pari passu* a procedure quite different—a systematic search for system, and order, a probing for essential and abstract "dimensions"—should be recommended to supply, if successful, the instruments of clearer thought and better, more fruitful research for the scientists whose role requires such tools for its

performance? It is a matter not of "instead" but of "as well." While all may, for the time being—and perhaps for a very long time being—participate in and profit from the procedure of gentle and gradual reformism initiated by Mark Keller, let us hope that a more thoroughly disgruntled and carping critic is hatching something more like a terminological (but not terminal) revolution. Under the Keller reformation we may come to use in fairly standardized fashion such terms as ALCOHOLISM, ALCOHOL ADDICTION, ALCOHOL TOLERANCE. In the event of the looked-for revolution, such terms might be dispensed with altogether, and we might conceive of a set of symbols (whether familiar words or not) covering all the evidently significant modalities of alcohol use, restricted to the minimum number of dimensions required in the work, ordered, organized, exhaustive, and economical.

It is to nerve that unknown potential revolutionary to his task—while recommending the present procedure both as stop-gap and better than what we presently have—that these remarks are dedicated.

Our thanks are due to Mr. Keller—both for letting us publish his paper and for granting us the privilege of privileged comment upon it.

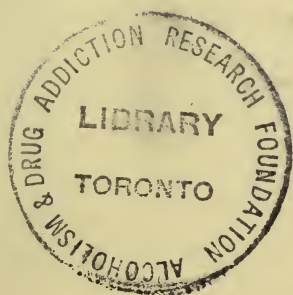
ALCOHOLISM & DRUG ADDICTION RESEARCH FOUNDATION

EDUCATION & RESEARCH DEPARTMENT 3 FLOOR

344 BLOOR ST. W. TORONTO 4, ONT.

ALCOHOLISM & DRUG ADDICTION RESEARCH FOUNDATION
EDUCATION DIVISION - 3rd FLOOR
344 BLOOR ST. WEST, TORONTO 4, ONT.

HV 5017 .K4 1958 C.2 ✓
Keller, Mark,
The alcohol language :





340283